

Court Diagnostic and Treatment Center Progress Note

Client Name (First, MI, Last)
Josiah Garcia

Client Date of Birth
08/20/2001

Type of service delivered to the client that support the ITP

☒ MH Counseling/Psychotherapy ☐ Co-Occurring Psychotherapy ☐ Teletherapy
☐ SUD Counseling/Psychotherapy ☐ USPO Case Management ☐ Other: Manualized: No. of Completed Sessions:
No-Shows: Sessions Delivered:

Present at Session ☐ Client No Show / Cancelled

☒ Client Present If others present, please list name(s) and relationship(s) to client.

Observed/Reported Changes in Medical Condition and Actions Taken

☒ None Reported ☐ New condition ☐ Condition returned ☐ Condition worsened ☐ Contacted Court ☐ Referred to Community support
☐ Referral for medical services ☐ Contacted Family/support person ☐ Other:

New Issues Presented today and/or Stressors/Extraordinary Events

☒ None Reported ☐ Death ☐ Medical Crisis ☐ Arrest/Conviction ☐ MH Hosp. ☐ Overdose ☐ Detox ☐ Suicide Attempt ☐ Job Loss
☐ Fire ☐ Homeless ☐ Lost Transportation ☐ Lost Childcare ☐ Separation/Break-up ☐ Divorce ☐ Trauma ☐ DV ☐ Other:

Significant Events or Changes in Client's Life

<input checked="" type="checkbox"/> No Significant Change from Last Visit	If Notable, Comment
Mood/Affect <input type="checkbox"/> Notable	
Thought Process/Orientation <input type="checkbox"/> Notable	
Behavior/Functioning <input type="checkbox"/> Notable	
Substance Use <input type="checkbox"/> Notable	

Danger to ☒ None ☐ Self ☐ Others ☐ Property ☐ Ideation ☐ Intent ☐ Plan ☐ Attempt ☐ Other:

Assessment of progress (or lack of) toward achievement of identified goals and objectives:

Goal Number(s) worked on today: 1,2 Objective Number(s) worked on today: 1a,2a

☐ Significant ☒ Moderate ☐ Fair ☐ Little ☐ Minimally responsive ☐ None ☐ non-cooperative ☐ Disruptive
Identify Delivery and Outcomes of MODALITIES / Specific INTERVENTIONS supporting ITP and Recommendations (if any) for modifications to ITP:

☐ Anger Mgt ☐ Motivational ☐ Co-Occurring ☐ Batterer's Intervention ☐ Early Intervention AoD ☐ Sex Off. Tx ☐ Trauma ☐ COG ☐ GIR

☒ Indv. Tx ☐ Gp. Tx ☒ General Mental Health ☐ General SUD/AoD ☐ Other modality:

☐ CBT ☐ Thinking Errors ☐ Motivation Enhancement ☐ Good Lives ☐ Social Modelling ☐ Relapse Prevention ☐ Self-Regulation
☐ Relationship Health ☐ Relationship Violence ☐ Masculinity Traits ☐ Homework ☐ Other interventions:


Write brief description of progress made, if any: Client and therapist discussion re: continued gaps in memory, family and close friends describing "talking to a different person sometimes". Therapist guided examination of qualities of his "main personality" and what other people have said regarding his "different personality". Psychoeducation re: early maladaptive schemas, concept of "splitting", as well as groundwork for integration of two different selves. Instructed client to repeat "both can be true- I can be angry with someone and still a good person" several times a day between now and next session.

☒ Understands intervention AND Competent with intervention ☐ Doesn't understand intervention OR ☐ Understands but not competent yet
☐ Other outcome:

Changes in Frequency of services or levels of care

☐ Same Freq. & Same LOC ☐ Increased Freq. ☐ Increased LOC ☒ Decreased Freq. ☒ Decreased LOC

Date/Time of Next Appointment (if individual session)

 LPCC-S 01/16/25							
Provider Signature/Credentials		Date		Supervisor Signature/Credentials (if needed)		Date	
Co-Provider Signature/Credentials		Date		Supervisor Signature/Credentials (if needed)		Date	
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code
01/16/25	ESK	Office	21	12:15pm	1:15pm	1 hour	

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Goal Number(s) worked on today: 1 Objective Number(s) worked on today: 1a

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- ☐ Anger Mgt ☐ Motivational ☐ Co-Occurring ☐ Batterer's Intervention ☐ Early Intervention AoD ☐ Sex Off. Tx ☐ Trauma ☐ COG ☐ GIR

☒ Indv. Tx ☐ Gp. Tx ☒ General Mental Health ☐ General SUD/AoD ☐ Other modality:

- ☐ CBT ☐ Thinking Errors ☐ Motivation Enhancement ☐ Good Lives ☐ Social Modelling ☐ Relapse Prevention ☐ Self-Regulation
☒ Relationship Health ☐ Relationship Violence ☐ Masculinity Traits ☐ Homework ☐ Other interventions:


Write brief description of progress made, if any: Client and therapist discussion re: grandfather passed away last week, as well as client picking up extra shifts at work. "It helps me avoid feeling or thinking about my emotions", however did report he has been setting aside small periods of time to grieve the loss of grandfather as well as his former fiancée. Moved from "angry sad to thankful sad (that I got to spend some of my life with her)". Therapist facilitate exploration and processing of emotions.

- ☒ Understands intervention AND Competent with intervention ☐ Doesn't understand intervention OR ☐ Understands but not competent yet
☐ Other outcome:

Changes in Frequency of services or levels of care

- ☒ Same Freq. & Same LOC ☐ Increased Freq. ☐ Increased LOC ☐ Decreased Freq. ☐ Decreased LOC

Date/Time of Next Appointment (if individual session)

				12/20/24			
Provider Signature/Credentials				Date			
				Supervisor Signature/Credentials (if needed)			
				Date			
Co-Provider Signature/Credentials				Date			
				Supervisor Signature/Credentials (if needed)			
				Date			
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code
12/20/24	ESK	OFFICE	21	11am	12pm	1 hour	

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Significant Events or Changes in Client's Life

☒ **No Significant Change from Last Visit**

If Notable, Comment

Mood/Affect ☐ Notable

Thought Process/Orientation ☐ Notable

Behavior/Functioning ☐ Notable

Substance Use ☐ Notable

Danger to ☒ None ☐ Self ☐ Others ☐ Property ☐ Ideation ☐ Intent ☐ Plan ☐ Attempt ☐ Other:

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☒ **Indv. Tx** ☐ **Gp. Tx** ☒ General Mental Health ☐ General SUD/AoD ☐ Other modality:

☐ CBT ☐ Thinking Errors ☐ Motivation Enhancement ☐ Good Lives ☐ Social Modelling ☐ Relapse Prevention ☐ Self-Regulation
☐ Relationship Health ☐ Relationship Violence ☐ Masculinity Traits ☐ Homework ☒ Other interventions: **Person centered active and reflective listening.**


Write brief description of progress made, if any: **Discussion re: history and severity of client's blackouts/not remembering large chunks of time. Gaps in memory have been present since childhood, and he has only recently shared this with a few close friends and his mother. Friends corroborate this somewhat, see him at times as "a different person, more edgy". Explore and proces semotions surrounding this. Therapist psychoeducation re: dissociation and sharing info with friends and mom. Instructed client to call 988 or go to ER if feeling unsafe or if friends/family feel it is necessary.**

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Date/Time of Next Appointment (if individual session)

				12/3/24			
Provider Signature/Credentials				Date			
				Supervisor Signature/Credentials (if needed)			
				Date			
Co-Provider Signature/Credentials				Date			
				Supervisor Signature/Credentials (if needed)			
				Date			
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code
12/3/24	ESK	Office	21	11:15am	12:15pm	1 hour	

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☐ Relationship Health ☐ Relationship Violence ☐ Masculinity Traits ☐ Homework ☐ Other interventions:


Write brief description of progress made, if any: Explore and process emotions surrounding increased work responsibilities. Began discussion re: "feeling like a different person", having moments where client seems to blackout/not remember conversations or events with others. Will explore this more next session.

☒ Understands intervention AND Competent with intervention ☐ Doesn't understand intervention OR ☐ Understands but not competent yet
☐ Other outcome:

Changes in Frequency of services or levels of care

☒ Same Freq. & Same LOC ☐ Increased Freq. ☐ Increased LOC ☐ Decreased Freq. ☐ Decreased LOC

Date/Time of Next Appointment (if individual session)

 Provider Signature/Credentials				11/18/24 Date				Supervisor Signature/Credentials (if needed)				Date			
Co-Provider Signature/Credentials				Date				Supervisor Signature/Credentials (if needed)				Date			
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code								
11/18/24	ESK	Office	21	11am	12pm	1 hour									

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Josiah Garcia

Client Date of Birth
08/20/2001

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☐ Referral for medical services ☐ Contacted Family/support person ☐ Other:

New Issues Presented today and/or Stressors/Extraordinary Events

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☐ Fire ☐ Homeless ☐ Lost Transportation ☐ Lost Childcare ☐ Separation/Break-up ☐ Divorce ☐ Trauma ☐ DV ☐ Other:

Significant Events or Changes in Client's Life

<input checked="" type="checkbox"/> No Significant Change from Last Visit	If Notable, Comment
Mood/Affect <input type="checkbox"/> Notable	
Thought Process/Orientation <input type="checkbox"/> Notable	
Behavior/Functioning <input type="checkbox"/> Notable	
Substance Use <input type="checkbox"/> Notable	

Danger to ☐ None ☐ Self ☐ Others ☐ Property ☐ Ideation ☐ Intent ☐ Plan ☐ Attempt ☐ Other:

Assessment of progress (or lack of) toward achievement of identified goals and objectives:

Goal Number(s) worked on today: ____ ITP Objective Number(s) worked on today: ____ ITP

- ☐ Significant ☐ Moderate ☒ Fair ☐ Little ☐ Minimally responsive ☐ None ☐ non-cooperative ☐ Disruptive

Identify Delivery and Outcomes of MODALITIES / Specific INTERVENTIONS supporting ITP and Recommendations (if any) for modifications to

- ☐ Anger Mgt ☐ Motivational ☐ Co-Occurring ☐ Batterer's Intervention ☐ Early Intervention AoD ☐ Sex Off. Tx ☐ Trauma ☐ COG ☐ GIR

- ☒ Indv. Tx ☐ Gp. Tx ☒ General Mental Health ☐ General SUD/AoD ☐ Other modality:

- ☐ CBT ☐ Thinking Errors ☐ Motivation Enhancement ☐ Good Lives ☐ Social Modelling ☐ Relapse Prevention ☐ Self-Regulation
☐ Relationship Health ☐ Relationship Violence ☐ Masculinity Traits ☐ Homework ☐ Other interventions:


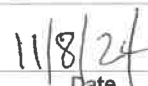
Write brief description of progress made, if any: Formulate ITP goals and objectives for care.

- ☒ Understands intervention AND Competent with intervention ☐ Doesn't understand intervention OR ☐ Understands but not competent yet
☐ Other outcome:

Changes in Frequency of services or levels of care

- ☒ Same Freq. & Same LOC ☐ Increased Freq. ☐ Increased LOC ☐ Decreased Freq. ☐ Decreased LOC

Date/Time of Next Appointment (if individual session)

							
Provider Signature/Credentials				Supervisor Signature/Credentials (if needed)			
Date				Date			
Co-Provider Signature/Credentials				Supervisor Signature/Credentials (if needed)			
Date				Date			
Date of Service	Staff Initials	Location Services Delivered	Procedure Code	Start Time	Stop Time	Total Time	Diagnostic Code
11/8/24	ESK	Office	21	10am	11am	1 hr	

Court Diagnostic & Treatment Center

Individual Service Note

Client Name:	Josiah Garcia	Client ID:	1173	Status:	Show
Clinician Name:	Erin Karl	Service:	Tx Individual		
Date Of Service:	02/04/2025	Start Time:	10:00 AM	End Time:	11:00 AM
		Duration:	60 Minutes		
Team:	Toledo - Outpatient Mental Health				
Location:	Federal Outpatient	Specific Location:			

Billing Diagnosis

- 1- F32.1 Major depressive disorder, Single episode, Moderate
- 2- F41.1 Generalized anxiety disorder

Information

Current Life Events No Life Events found

Tracks/EBPs Utilized During

- ☐ Batterer's Intervention
- ☐ CBT
- ☐ Co-Occurring
- ☐ COG
- ☐ DBT
- ☐ Early Intervention AoD
- ☐ EMDR
- ☒ General Mental Health
- ☐ General SUD/AoD
- ☐ GIR
- ☐ Motivational Interviewing
- ☐ Sex Offender Tx.
- ☐ Trauma

Objectives Addressed by this Service

- ☒ Goal 2.00 To feel less anxious.
 - ☒ Objective #2.01 will develop and use at least two skills and strategies to help manage thoughts that cause anxiety Moderate Improvement
- ☐ Goal 3.00 To feel less depressed.
 - ☐ Objective #3.01 will identify three activities that increase a sense of inner peace and comfort and try one
 - ☐ Objective #3.02 will develop and use at least two skills and strategies to help manage sad feelings.

Mood/Affect ☒ Unremarkable ☐ Remarkable

Thought Process/Orientation ☒ Unremarkable ☐ Remarkable

Behavior/Functioning ☒ Unremarkable ☐ Remarkable

Medical Condition ☒ Unremarkable ☐ Remarkable

Substance Abuse ☒ Unremarkable ☐ Remarkable

Self Harm ☒ None Reported ☐ Please Specify

☐ Ideation ☐ Intent ☐ Attempt ☐ Means ☐ Plan

☐ Other

☐ I informed

Comments

Harm to Others ☒ None Reported ☐ Please Specify

☐ Ideation ☐ Intent ☐ Attempt ☐ Means ☐ Plan

☐ Other

☐ I informed

Comments

Harm to Property ☒ None Reported ☐ Please Specify

☐ Ideation ☐ Intent ☐ Attempt ☐ Means ☐ Plan

☐ Other

☐ I informed

Comments

Safety Plan

Safety / Crisis Plan

☐ The Safety Plan was Reviewed

☐ With the Client ☐ Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development)?

Client reports that he has continued to experience "splitting", and has been looking more into integration and parts work as suggested. Relationship with mom has improved and she is "much more willing to discuss it with me"

Describe the interventions provided

Reflective and active listening. Psychoeducation re: parts work and integrating "bad" parts of self with "main" and "acceptable" self. Reaffirming, unconditional acceptance statements to self can help with this.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Client was receptive, struck emotionally and intellectually to the affirming and unconditional acceptance self-statements. Client stated "No one has ever said "I accept you as you are" to me. It's a new concept".

Document the plan. If there were barriers describe the plan to overcome the barriers

Revisit this and begin parts work.

Clinician: Erin Karl, LPCC-S

Signature Date: 02/13/2025

Court Diagnostic & Treatment Center

Individual Service Note

Client Name:	Josiah Garcia	Client ID:	1173	Status:	Show
Clinician Name:	Erin Karl	Service:	Tx Individual		
Date Of Service:	02/20/2025	Start Time:	12:00 PM	End Time:	1:00 PM
		Duration:	60 Minutes		
Team:	Toledo - Outpatient Mental Health				
Location:	Federal Outpatient		Specific Location:		

Billing Diagnosis

1- F32.1	Major depressive disorder, Single episode, Moderate
2- F41.1	Generalized anxiety disorder

Information

Current Life Events No Life Events found

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- ☐ Goal 3.00 To feel less depressed.
 - ☐ Objective #3.01 will identify three activities that increase a sense of inner peace and comfort and try one
 - ☐ Objective #3.02 will develop and use at least two skills and strategies to help manage sad feelings.

Client reports experiencing less "blackout" moments and is, overall, more "at peace with myself".

Client's Current Condition

Mood/Affect ☒ Unremarkable ☐ Remarkable

Thought Process/Orientation ☒ Unremarkable ☐ Remarkable

Behavior/Functioning ☒ Unremarkable ☐ Remarkable

Medical Condition ☒ Unremarkable ☐ Remarkable

Substance Abuse ☒ Unremarkable ☐ Remarkable

Self Harm ☒ None Reported ☐ Please Specify

☐ Ideation ☐ Intent ☐ Attempt ☐ Means ☐ Plan

☐ Other

☐ I informed

Comments

Harm to Others ☒ None Reported ☐ Please Specify

☐ Ideation ☐ Intent ☐ Attempt ☐ Means ☐ Plan

☐ Other

☐ I informed

Comments

Harm to Property ☒ None Reported ☐ Please Specify

☐ Ideation ☐ Intent ☐ Attempt ☐ Means ☐ Plan

☐ Other

☐ I informed

Comments

Safety Plan

Safety / Crisis Plan

☐ The Safety Plan was Reviewed

☐ With the Client ☐ Without the client, specify the reason client was not able to review below and discuss Next Steps

Next Steps

Intervention/Progress

What was the focus of the session (i.e. alleviation of emotional disturbances, reversal or change of maladaptive Patterns or behaviors, encouragement of personality growth or development)?

Client presented noticeably calmer in speech and motor activity. Reports getting injured at work, which "weirdly enough, has slowed my whole life down...in kind of a good way".

Describe the interventions provided

Reflective and active listening, probing questions to determine what has been the catalyst for the decrease in anxiety, blackout moments. Encouragement to keep up on self-reflection and self-acceptance daily.

Describe the client's response to the intervention, progress made toward goals and clients strengths. If progress is not being made, describe reasons and barriers to progress.

Client very engaged and cooperative. Affirmed he will continue to reflect and accept self.

Document the plan. If there were barriers describe the plan to overcome the barriers

Check back in next session with level of self-acceptance.

Clinician: Erin Karl, LPCC-S

Signature Date: 02/26/2025